EXHIBIT "M"



November 30, 2015

Account Resolution Services a division of HRRG, LLC P.O. Box 459079 Sunrise, FL 33345-9079 Toll Free Phone 800-694-3048 En Español 800-694-3397



ALL ALBERTARIO ENGLES DE LA CARRA DE LA RESTA DE LA RECURSO DA LO COMO DO LOS DEL DELA BALLA DEL RECURSO DE REF

լեերդիկրդին|||որիկիդիկիդիկիկիդինիկիկիդիկրդի ARS ▲ 0 1 9 4 6 1 Y/AABB ELAINE LEVINS 84 LINCOLN DR CLEMENTON NJ 08021-2856

Re: 80864955 Validation Notice

www.arspayment.com PIN# 2.80864955.525

Dear Elaine Levins:

The healthcare creditor(s) shown below hired ARS Account Resolution Services (ARS) to collect the balance due. We may report any outstanding balances to the major credit horeaus. To pay, just fill in your credit card information on the reverse side of this notice, or enclose your check/money order payable to the creditor, along with the payment voucher below. To pay using our automated IVR accessible 24 hours a day, call 844-PAY-ARS2 (844-729-2772) or visit our website at www.arspayment.com. Both options require the PIN # and the RE: # listed above along with the last four digits of your social security number.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt, or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days after receiving this notice that you dispute the validity of this debt, or any portion thereof, this office will obtain a copy of a judgment and mall you a copy of such judgment or ventication. If you request of this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor if different from the current creditor.

This communication is from a debt collector. This is an attempt to collect a debt and any information obtained will be used for that purpose. (NOTICE: SEE REVERSE FOR IMPORTANT INFORMATION).

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Client Account: 0411 - 44427216

Amount Enclosed \$____

Creditor Account # Regarding ATLANTIC ER PHYS TEAM PED 0139549982-44427216 LEVINS.MADELINE

Amt Owed ServDate 169.82 09/02/14

ARS
PO BOX 630806
CINCINNATI OH 45263-0806
hlubbhalabhanlabhalabhallabha

3 DAOA64955 DDDD16982 D139549982 3 A

A1

PLEASE NOTE: This transaction will appear on your next credit card statement as "ARS".

For your convenience you may p > 1 y MasterCard,VISA, American Excess or Discover. Check the appropriate box, print the cardholder's name as it appears on the card numbers, the expiration date, when and report this portion of your statement.

Pieceo Chidok Appropriation Box	CHANGE OF ADDRESS
PAYMENT CARD COMPONENT	Address:
CARD NUMBER	Apt./Unit#:
EXP. DATE PAYMENT AMOUNT	City:
SIGNATURE PHONE NUMBER	State:
NAME AD IT ADDESOR ON CARD, BI SASE PRINT	Zíp:
NAME AS IT APPEARS ON CARD - PLEASE PRINT	

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Payment

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This is an attempt to collect a debt and any information obtained shall be used for that purpose.

This communication is from a debt collector.

Make A Payment

To make an online payment, you will need a copy of the original letter sent to you from ARS Account Resolution Services. This transaction will appear as "ARS" on your credit card statement. If you do not have this letter available, please contact our Coffeetions department at (800) 694-3048 (For English) or (800) 694-3397 (Para Español) to obtain the information required to login to your account.

For added convenience, you can also make a payment through our Automated Payment System by calling

(844 PAY-ARS2) / 844-729-2772.

MAKE A PAYMENT

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This is an attempt to collect a debt and any information obtained shall be used for that purpose. This communication is from a debt collector. Nuestro objetivo es cobrar las sumas adeudadas y toda la información recopilada se usará para tal fin. Esta comunicación la emite una entidad a cargo del cobro de deudas. Copyright © 2017 ARSPAYMENT.COM.